

SECTION 4. HOUSEHOLD INFORMATION

"Household" means, for income eligibility purposes, all the persons who occupy a housing unit (house or apartment) and who are related by blood, marriage, registered domestic partnership, adoption, or guardianship. If more than one family is living in the same household unit, they constitute different families for eligibility purposes even though they reside at the same address..

How many individuals live in your household? →

Include all family members even if they do not drive.

List all operators and residents of the household. For additional operators/residents, indicate in **REMARKS** Section.

Applicant's former addresses (past 3 years)

Street Address City State Zip Code

Name	Occupation	Annual Income	Birth Date MM/DD/YYYY	Sex	RS	MS	Driver License No.	ST	Licensed 3 Years? If "No", give date Licensed
APPLICANT									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No

CODES

RS = W-Wife, H-Husband, S-Son, D-Daughter, F-Father, M-Mother, B-Brother, SI-Sister, I-In-law, G-Grandparent,
GC-Grandchild, A-Aunt, U-Uncle, C-Cousin, P-Domestic Partner, SP-Spouse (For relationships not listed, indicate in Remarks)
MS = S-Single, M-Married, P-Domestic Partnership

Applicant's Occupation Nature of Business Employer's Name

Employer's Street Address City State Zip Code

SECTION 5. VEHICLE

Year Make Model

Vehicle Identification No. Registered Owner's Last Name First Name

Purchased Mo./Yr. ☐ New ☐ Used Current Value of Vehicle

Principal Address of Garaging Applicant address as it appears on registration, if different from Sec 3 State Registered In

During the **three years** prior to the effective date of this policy:

- Have you been involved in any accident in which you were principally at fault involving bodily injury or death? ☐ YES ☐ NO
- Have you been involved in any accident in which you were principally at fault that resulted in only property damage? ☐ YES ☐ NO
- Have you been involved in any accident in which you were considered to be not at fault? ☐ YES ☐ NO

SECTION 6. COVERAGES**INSTRUCTIONS**

- Indicate Applicant's County of Residence
- Check Boxes for Requested Coverage
- Indicate Premium Amount for the County of Residence *
- Indicate Total Policy Premium Amount

COUNTY OF RESIDENCE →

INDICATE PREMIUM AMOUNT ↓

Bodily Injury Liability \$10,000 Each Person / \$20,000 Each Accident	<input checked="" type="checkbox"/>	Required Coverage	
Property Damage Liability \$3,000 Each Accident			
Medical Payments \$1,000	<input type="checkbox"/>	Optional Coverage	
Uninsured Motorist Coverage – Bodily Injury \$10,000 Each Person / \$20,000 Each Accident	<input type="checkbox"/>	Optional Coverage	
Youthful Unmarried Male (19-24 yrs) - 25% Surcharge	<input type="checkbox"/>	Check if Applicable	

* Current Rates as of date shown at bottom of application.

TOTAL POLICY PREMIUM →